



UMC Management Action Plan (MAP)



March Status Meeting
to the DHCF

3/30/17

Agenda

- Review of the February Performance Data
- Key Attention Areas
- MAP Activities Update

Feb. Key Performance Indicators

	Budget	Actual	Variance	Fav/ Neut/ Unfav		Budget	Actual	Variance	Fav/ Neut/ Unfav	Desired Trend	Actual Trend	
Metric	FY2017 (Feb)					FY2017 YTD						
Emergency Department												
Number of visits	3,887	4,729	842	21.7%	F	22,202	24,107	1,905	8.6%	F	↑	↑
Number of visits by ambulance	1,049	1,241	192	18.2%	F	5,995	6,336	341	5.7%	F	↑	↑
Patients in Observation	159	152	-7	-4.4%	F	779	1,097	318	40.8%	U	↓	↑
Median length of stay in observation status	< 48 hr.	38 hrs. 70% <48 hrs	10	21%	F	< 48 hr.	38 hrs. 65% <48 hrs	10	21%	F	↓	↓
Hospital												
Total admissions (hospital+SNF)	621	610	-11	-1.8%	N	3,070	3,044	-26	-0.8%	N	↑	→
Total discharges (hospital+SNF)	621	610	-11	-1.8%	N	3,070	3,044	-26	-0.8%	N	↑	→
Patient Days - Hospital	3,438	3,369	-69.0	-2.0%	N	16,996	16,738	-258	-2%	N	↓	→
Resident Days - SNF	3,026	2,993	-33.0	-1.1%	N	17,308	16,045	-1,263	-7%	U	↑	↓
Average length of stay	5.6 days	5.60 days	0 days	0.0%	N	5.6 days	5.5 days	-0.1 days	-1.8%	N	↓	→
Number of deliveries	27	27	0	0	N	202	161	-41	-20.3%	U	↑	→
HCAHPS "recommend hospital"	50%	16.10%	-33.9%	-67.8%	U	50%	16.10%	-33.9%	-67.8%	U	↑	→
Average daily census - Psychiatry	18 (before April: 18)	14.3	-3.8	-20.8%	U	18 (before April: 18)	17	-1	-5.3%	U	↑	→
	26 (May – July: 26)	N/A	N/A	N/A	N/A	26 (May – July: 26)	N/A	N/A	N/A	N/A	N/A	N/A
Medicare CMI	1.59	1.53	-0.06	-3.8%	U	1.59	1.57	-0.02	-1.4%	N	↑	→
Medicaid CMI	0.93	1.17	0.24	25.8%	F	0.93	0.93	0.00	-0.4%	N	↑	→
Ambulatory Care												
Total number of ambulatory visits	1,633	1,586	-47	-2.9%	N	7,907	8,655	748	9.5%	F	↑	↑
Same Day Surgeries	76	118	42	55.3%	F	405	605	200	49.4%	F	↑	↑
Financial												
Days in AR	48 days	72.5	24.5	51.0%	U	48 days	72.5	24.5	51.0%	U	↓	↑
Days cash on hand - Operating	45 days	42.73	-2.27	-5.0%	U	45 days	42.73	-2.27	-5.0%	U	↑	↓
Current Ratio	1.5	3.1	1.6	106.7%	F	1.5	3.1	1.6	106.7%	F	↑	↑
Average Payment Period	60 days	55.2	-4.8	-8.0%	U	60 days	55.2	-4.8	-8.0%	U	→	↓
Deductible Ratio	66.50%	67.30%	0.80%	1.2%	N	66.50%	65.50%	-1.00%	-1.5%	N	↓	→
Operating Margin	1.00%	-45.20%	-46.20%	n/a	U	1.00%	-8.50%	-9.50%	n/a	U	↑	↓
Total Margin	7.90%	-56.40%	-64.30%	n/a	U	7.90%	-15.20%	-23.10%	n/a	U	↑	↓
Productivity												
FTEs per average daily census (acute)	3.1	3.3	0.2	6.5%	U	3.1	3.3	0.2	6.5%	U	↓	↑
Salary and benefits expense per FTE (\$)	\$83,089	\$84,540	\$1,451	1.7%	N	\$83,089	\$84,894	\$1,805	2.2%	N	↓	→
% of salary and benefits expense	59.2%	41.3%	-17.9%	-30.2%	F	59.2%	54.6%	-4.6%	-7.8%	F	↓	↑

Key Attention Areas

- Hospital Census
 - Short LOS (2-midnight Rule)
 - Extended LOS / Discharge Planning
- Staff and Recruiting
- Skilled Nursing Facility Update
- Information Technology
- Budget

Hospital Census – Short Stay (2 Midnight Rule)

DC's Quality Improvement Organization (QIO) - KEPRO – provides technical support to evaluate and improve health care to Medicare beneficiaries

Oct
2015

- Since implemented in 2013, problems with the two Midnight Rule
- ***Probe and educate chart reviews*** conducted by the QIOs to ***understand problems and educate providers – NOT a recovery audit***

Mid 2016

- CMS suspended chart reviews
- Refined chart review process

Oct 2016

- CMS resumed probe and educate chart reviews across the country
- Review cycle is every six months on 10 patient charts meeting criteria

Feb 2017

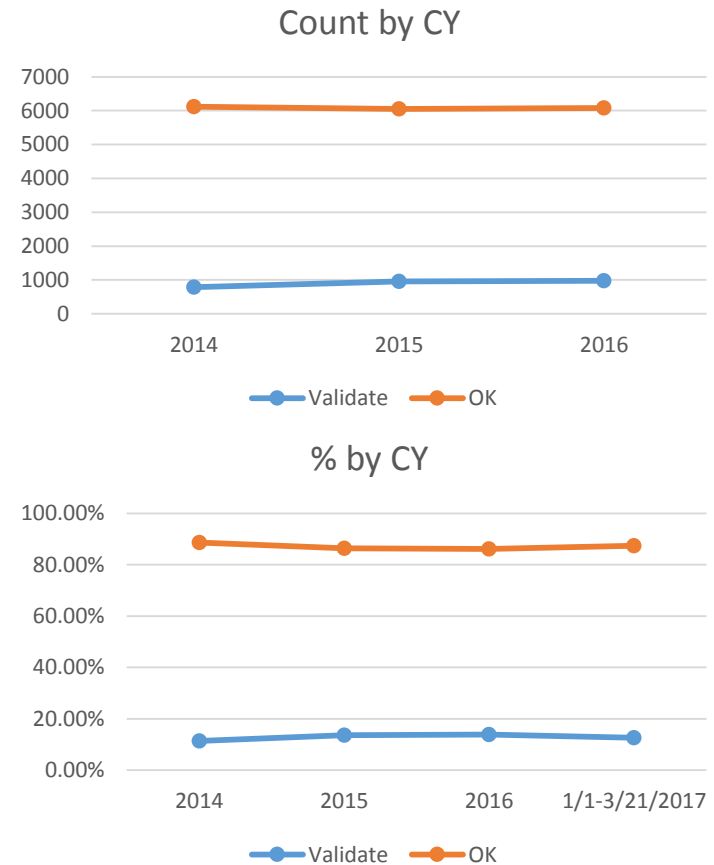
- ***UMC probe and educate chart reviews*** conducted for look back period of 6 months; ***does not include charts prior to this look back period***
- ***UMC failed 9 of 10 charts reviewed*** indicating substantial need for education and process improvement

Around
Aug 2017

- Next probe and educate chart review according to six month review cycle

Hospital Census – Short Stay cont.

- Short stays (less than two midnights) has been a consistent since the implementation of the computerized physician order entry in 2014
 - 12-14% of total inpatient
 - 800-1,000 patients/yr.
- In partnership with physicians and all functional areas, we are implementing both technology and workflow changes to address the matter



Hospital Census – Short Stay cont.

- Educating physicians and will align their contracts to performance requirements
- Improving ED and Hospitalist communications
- Increasing staffing in case management to improve coverage up to possibly 24/7 case management
- Reviewing bylaws and making recommended changes as necessary
- Identifying appropriate Meditech configurations edits, hard stops, and exception reporting
 - Modifying Meditech to flag ER orders as “recommended for admissions” and hospitalist order as “admitted”

Hospital Census: Extended LOS / Discharge Planning NFPHC Confidential

- Phase I – complete. Categorize patients with a LOS ≥ 10 days
- Phase II – in-process. Using the expected LOS, manage patient stays based on Milliman and Interqual guidelines.

Total census (excluding BHU)	97
Patients < 10 days LOS	71
Patients ≥ 10 days LOS	26
Patients ≥ 10 days LOS: % of Total	27%
ALOS for patients ≥ 10 days	21.9
ALOS of patients < 10 days	3.3
Total Patient Days	803
Patient days for patients > 10 days	569
Percentage of patient days from patients with LOS > 10 days	71%

Reasons:	10+ Days	5-9 Days
Social Concerns	1	
Acute	4	7
Critical	5	3
PA Referral		
Placement Delay	7	3
SNF Referral	3	
Physician Delays	3	1
Service Delays		
State Delay (OOS/Qualis)		1
No Beds/Bed Loss		
Insurance Authorization		
Self-pay		
Planned Discharge for Weekend		
Planned Discharge Today	3	5
Discharged		
Blank		
Total	26	20

Key Staffing Challenges

C-Suite Positions	Count	Time Open	Hard to Fill Positions	Count	Time Open
No Openings	N/A	N/A	Respiratory Therapist	1.0	4 mos.
Total			RN – Dialysis	0.9	2.5 mos.
			RN – ED	6.3	5 mos.
			RN – ICU	1.5	3 mos.
			RN – L&D	1.6	6 mos.
			RN – OR	1.7	3 mos.
			Surgical Assistant	1.0	5 mos.
			Art Therapist	1.0	1 mo.
			Total	15.0	

Key Positions	Count	Time Open
Director of Materials Mgmt.	1.0	12 mos.
Director Radiology	1.0	3 mos.
Contract Specialist	1.0	1 mos.
Total	3.0	

Key Positions Status

Director of Materials:

- We have two applicants that we will be interviewing the week of 3/27th
- We have also entered into discussion with B.E. Smith Inc. the search firm that provided us the previous Material Management Director (Contract Employee)

Director Radiology:

- We have two applicants that we will be interviewing the week of 3/27th
- 2 candidates declined offers

Contract Specialist:

- Recently hired individual worked for 6 weeks and then resigned
- We have one strong applicant, phone interview scheduled the week of 3/27th

Nurse Recruitment cont.

We continue to work on all fronts of our Recruiting Strategy

1. Advertising

- *The Washington Post*
- *Zip Recruiter*
- *LinkedIn*
- *UMC Website*

2. University Partnerships

- *Chamberlain College of Nursing*
- *Howard University, College of Nursing*
- *Bowie State University*
- *Washington Adventist University*
- *Prince Georges Community College*
- *Coppin State University*
- *Kaplan University*
- *University of District of Columbia*
- *Montgomery College*

3. Health/Career Fairs

- *Nursing and Healthcare Career Expo – (Annually) Job Fair*
- *Nursing.com Career Fair – (Annually) – Job Fair*
- *UMC Open House*

4. Hospital Initiatives

- *Referral Program*
- *Relocation Allowances*
- *Skills enhancement compensation for key positions*
- *Health Resources and Services Administration Grant*

Skilled Nursing Facility Status

- On Feb 14th we received notification from CMS imposing a denial of payments for new admissions effective March 5th
- On Feb 28th UMC was revisited by DC DOH and it was determined that the facility gained substantial compliance with Medicare requirements
- On March 15th we received notification from CMS canceling the proposed denial of payment for new admissions as of Feb 28th
- On March 8th UMC appealed the imposed fine of approximately \$190K. Results are pending.

Information Technology Update

Short Stay – Meditech modifications

- Modified admission order to include and “require” the admitting diagnosis and the expected LOS
- Redesigning the workflows, notifications, and follow up requirements
- Updated Meditech with the appropriate 2-midnight rule logic, awaiting redesign of workflows to properly configure the logic

eClinical Works - Ambulatory system

- Vendor selected in 2015, project commenced March 2016 with a go-live of June 2016
- Deployed in Dec 2016 after several delays related to interfaces with Meditech
- System and interfaces not properly tested to ensure data integrity and functional operability
- System utilization has been suspended pending correction of all outstanding issues

IT in General

- Existing staffing levels fall well short of the average for like facilities.
- Lack of business analysts; and business owners are ill prepared to define requirements and ensure appropriate deployment of system implementations
- ACTION: we are developing a go forward strategy to address these weaknesses

MAP Initiatives Update

AMBULATORY CARE AND ANCILLARY SERVICES

- ↑ 1. Expand UMC Medical Staff Network
- ↓ 2. Implement Comprehensive Hospital-based Ambulatory Center
- ↑ 3. Establish Processes and Systems to Allow for Provider-based Billing in Outpatient Services
- ➡ 4. Develop Women's Health Services

EMERGENCY DEPARTMENT (ED)

- ➡ 5. Strengthen Collaborative Operations in the Emergency Department
- ➡ 6. Improve Staff and Patient Safety in the ED and Throughout the Hospital
- ↑ 7. Increase Ambulance Traffic volume to UMC ED When it is the Appropriate Level of Care
- ↑ 8. Reduce Length of Stay for Patients in Observation Status

HOSPITAL INPATIENT

- ➡ 9. Transition Hospital from a Predominantly Monday – Friday Organization to a Six-Day Organization
- ➡ 10. Improve Patient Experience of Care
- ↑ 11. Improve Physicians' Clinical Documentation
- ↑ 12. Renew The Joint Commission (TJC) Accreditation

- ➡ 13. Expand In-Patient Behavioral Health Capacity

SKILLED NURSING FACILITY (SNF)

- ↓ 14. Migrate to a Skilled Level of Care Model

UMC-WIDE

- ➡ 15. Improve Revenue Cycle
- ➡ 16. Establish an Effective Materials Management Department
- ➡ 17. Effectively Manage Staffing and Overtime Utilization
- ➡ 18. Complete SEIU & DCNA Negotiations
- ➡ 19. Perform a Comprehensive Contracts Review and Assessment
- ➡ 20. Update and Establish Contracts with Local Managed Care Organizations (MCOs), Behavioral Health MCOs, and Commercial Companies
- ↑ 21. Enhance Risk and Compliance Management
- ➡ 22. Identify a Strategic Partner Other than the District
- ↑ 23. Support the Construction of a New Hospital

Initiatives underlined are detailed on following pages

Respiratory Therapy

Project Lead: Veritas Consultants: Diane Kelly, Patricia Silver, Peggy Reed-Watts, and Darnetta Clinksdale

- To improve staff competence, quality of care and patient safety, Veritas is evaluating the department and will implement
 - training and education,
 - management tools, and
 - dashboards to monitor performance and patient care

Respiratory Therapy cont.

Initial Findings	Recommendations / Actions
1. The department has weak frontline supervision	1. VP PCS will replace current supervisor
2. Professional development and staffing <ul style="list-style-type: none"> - only 1/3 of the department are registered RTs and 2/3 are certified indicating a lower overall education/skill level than the national trend - there is no salary difference between an RRT and CRT which is a barrier to recruitment; - there is no mechanism in place to currently measure staffing adequacy or productivity; - about one third of the respiratory treatments on any given day are not done (i.e. missed). 	2. Analyzing UMC's current staffing and workload to the industry standard relative values to make recommendations for staffing Mocking up a schedule with at least one RRT supervising every shift.
3. Respiratory treatments, patient assignments and QA data are manually entered and collected.	3. Initiated process for automating these reports

Respiratory Therapy cont.



Initial Findings	Recommendations / Actions
4. Protocols are not widely used; evidence-based clinical guidelines need to be implemented.	4. Developing and implementing guidelines for four common topics given as evidence
5. Minimal to no backup coverage to conduct pulmonary function tests	5. Provide continuing education and cross training to RTs to perform this test
6. Unnecessary and costly equipment tubing used in the ventilators	6. Recommended switching to lower cost alternative consistent with clinical standards

Respiratory Therapy cont.

- Conducted two three-hour competency training sessions - onsite 2/28 – 3/3 and 3/20 – 3/24
 - 1st Session Results:
 - Attended: 13 Did not attend: 3
 - One makeup session conducted
 - Failed with remediation: 2
 - Evaluation: Were objectives met? 100% Agree / Strongly Agree
 - 2nd Session Results
 - Attended: 11 Did not attend: 5
 - Results and Analysis in progress
- Future activities
 - Create management tools
 - Create dashboards to monitor performance and patient care

Strengthen Collaborative Operations in the Emergency Department

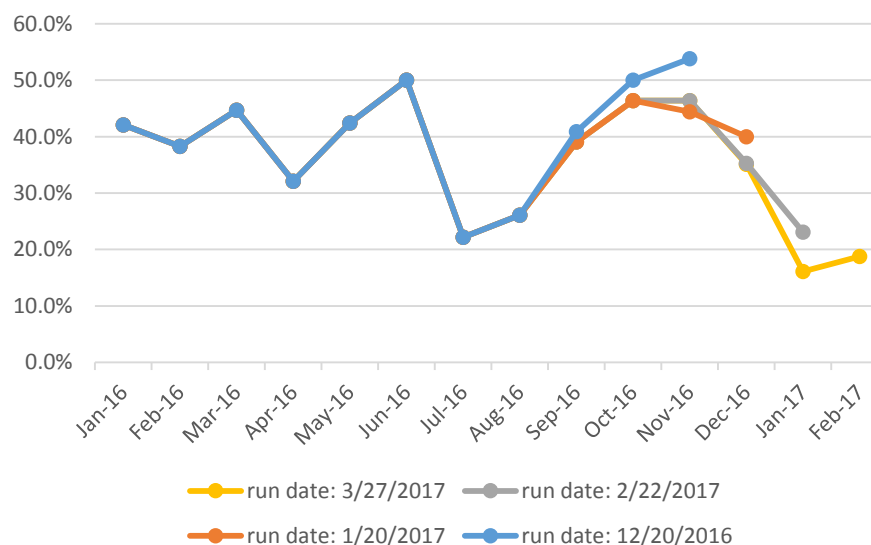
Project Lead: Dr. Stanley Boucree & Diane Kelly,
Veritas Consultants

Overall Initiative Status: 
Month-to-Month Status: 
Financial/Budget Impact: None

- ED interdisciplinary team (physicians, nursing, and interacting departments: continuous improvements
- ED Front end improvement effort have commenced to remove bottlenecks and unnecessary tasks to improve patient flow. Two areas of focus:
 - “Pull to Full” Process (*available treatment rooms*)
 - designated charge nurse champions are scheduled around the clock
 - Aligning “quick registration clerk” for night shift
 - Developing FAQs for staff related to the new process
 - “Full House” Process (*no available treatment rooms*)
 - Design meetings in-process
 - Reviewing current physician and nurse protocols that expedite patient flow

Patient Experience of Care

Press Ganey: HCAHPS “recommend hospital”

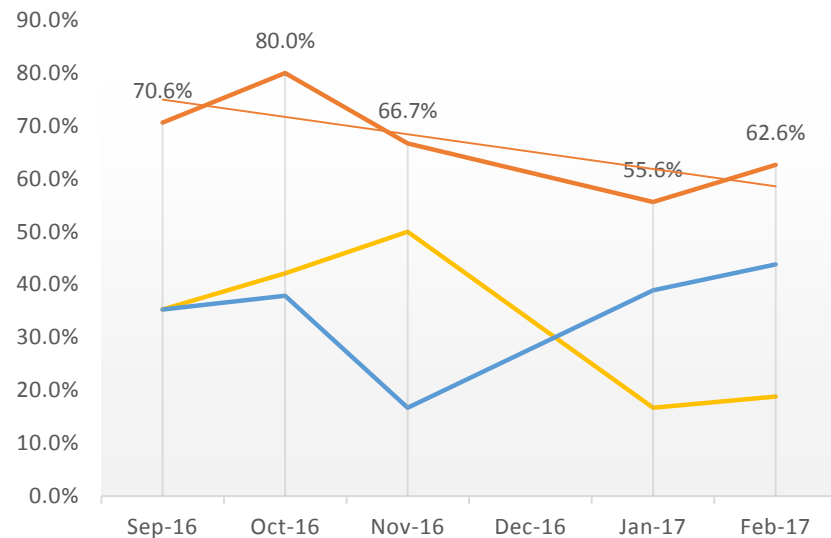


	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17
Sample Size (n): 12/20/16	38	47	36	28	33	28	18	23	22	26	13			
Sample Size (n): 1/20/17	38	47	38	28	33	28	18	23	23	28	27	10		
Sample Size (n): 2/22/2017	38	47	38	28	33	28	18	23	23	28	28	34	13	
Sample Size (n): 3/27/2017			38	28	33	28	18	23	23	28	28	37	31	16
Available Respondents	600	609	690	585	571	560	547	574	559	533	583	660	634	610
Response Rate	6.3%	7.7%	5.5%	4.8%	5.8%	5.0%	3.3%	4.0%	4.1%	5.3%	4.8%	5.6%	4.9%	2.6%
Avg Industry Response Rate	18%	18%	18%	18%	18%	18%	18%	18%	18%	18%	18%	18%	18%	18%

Patient Experience of Care cont.

- Top two boxes: Definitely Recommend and “Probably” Recommend is trending down
- The number of patients indicating Definitely v. Probably Recommend has switched in the past two months which indicates continued erosion of service level

Recommend Hospital



	Sep-16	Oct-16	Nov-16	Jan-17	Feb-17
(Definitely YES)	35.3%	42.1%	50.0%	16.7%	18.8%
(Probably YES)	35.3%	37.9%	16.7%	38.9%	43.8%
Total: (Probably + Definitely YES)	70.6%	80.0%	66.7%	55.6%	62.6%
run date: 3/27/2017					

Patient Experience of Care cont.

Project Leads: Quality Director, David Boucree,
and Diane Kelly, Veritas Consultant

Overall Initiative Status: 

Month-to-Month Status: 

Financial/Budget Impact: TBD

Evolve the Hospital's Culture to a Customer Service, Data Driven Decision-Making Model

- Execute the Quality Performance Improvement and Patient Safety Plan
 - Multidisciplinary participation
 - Systematic, organization-wide program designed to measure, assess and improve hospital performance in all departments and services
 - Emphasis is placed on those processes that promote appropriate, consistent and safe care delivery for all patients in all settings and throughout all services.
- Educate all staff regarding the benefit of reporting patient safety issues, events and near misses, e.g. conducting a non-verbal communication training session with nursing staff
- Hardwire patient experience into all aspects of operations, e.g. conducting non-verbal training for nursing

Establish Effective Materials Management Department

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Project Lead: David Boucree

Overall Initiative Status: 

Month-to-Month Status: 

Financial/Budget Impact: TBD

1. In final contract negotiations with vendor

- Group purchasing services
- On-boarding of a Materials Manager

2. Director of Materials Management position

- We have two applicants that we will be interviewing the week of the 3/27th
- We have also entered into discussion with B.E. Smith Inc. the search firm that provided us the previous Material Director (Contract Employee)

Perform a Comprehensive Contracts Review and Assessment

Project Lead: COO & David Boucree

Overall Initiative Status: 

Month-to-Month Status: 

Financial/Budget Impact: TBD

1. Identified all contracts that need to be extended and/or prioritized to competitively bid
 1. Linen Services – Awarded and transiting to new vendor
 2. Anesthesiology – RFP released, proposals received 3/29 and are being evaluated
 3. OB/GYN – RFP being drafted
 4. Hospitalist – Contract is being evaluated and additional performance metrics are being drafted
 5. Rehab – TBD
2. Update contracts database (TBD)
 1. Awaiting the hiring of a contract specialist